

Rec'd 4 JUN 2005

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/539035

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		/				
3		/				
4		/				
5		/				
6						
7		/				
8		/				
9		/				
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11		/				
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47		/				
48		/				
49		/				
50		/				
TOTAL IND.	2					
TOTAL DEP.	54					
TOTAL CLAIMS	5					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56		/				
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						